



Death Certificate Request Form

Please print out this form and return to:

Town Clerk
30 Providence Road
Grafton, MA 01519

TOWN OF GRAFTON
TOWN CLERK

Requests submitted through the mail will be processed on the date they are received.

Full Name of person on the death record

First Middle Last

Date of Death

Month Day Year

Signature of Requester _____

Daytime telephone number _____
Area Code Number

Fee is \$10.00 per copy
Make check payable to **TOWN OF GRAFTON**
Include a self-addressed stamped envelope.